CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 20.12
TITLE: NEUROMUSCULAR ELECTRICAL STIMULATION (NMES) DEVICES

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(d)(3)(ii)

TRICARE POLICY MANUAL: Chapter 7, Section 3.6

I. EFFECTIVE DATE

A. June 22, 1984, for neuromuscular stimulation for scoliosis.

B. July 8, 1998, for all other NMES devices.

II. PROCEDURE CODE(S)

A. 64550-64595, 95970-95975, 97014

B. HCPCS Level II Codes E0731, E0744-E0745

III. DESCRIPTION

Neuromuscular electrical stimulation (NMES) devices contain a power supply (general rechargeable batteries), a signal generator, a control circuit, a modulating circuit and output circuit, and electrodes. Electrodes may be superficial, percutaneous, or implanted. Functional electrical stimulation is artificial electrical stimulation of muscles to produce movements such as standing, waking, and grasping. NMES is used to facilitate voluntary motor control and temporarily reduce spasticity inpatients suffering from spinal cord injury, cerebral palsy, or other upper motor neuron disorders. NMES units are considered Class II devices.

IV. POLICY

A. When used in a program approved by the attending physician, CHAMPVA may cost share NMES for the following indications:

1. For prevention and/or treatment of disuse atrophy resulting from the casting of a limb or contracture due to burn scarring, and following prolonged immobilization, injury, or surgery, or

2. for spinal cord injury and other motor neuron disorders, such as cerebral palsy, or

3. for idiopathic scoliosis in pediatric and adolescent patients.

B. The device must be approved by the Food and Drug Administration (FDA) for commercial marketing for a specific application and must be considered medically necessary for the treatment of the condition for which the device is intended.

C. For other conditions, the medical necessity of the device must be documented.

V. POLICY CONSIDERATIONS

A. Claims must be sufficiently documented to confirm that a proper evaluation of the patient's medical and physical condition have been made ascertaining that the patient requires such a device and is capable of handling it safely.

B. The neuromuscular electrical stimulator will be cost shared under the durable medical equipment guidelines (see Chapter 2, Section 17.1, *Durable Medical Equipment*).

C. Initial or subsequent electronic analysis and programming of neurostimulator pulse generators are covered only as an adjunct to covered NMES services.

VI. EXCLUSIONS

A. Neuromuscular stimulators used by spinal cord-injured patients who have epilepsy, cognitive deficiencies, osteoporosis, spasticity or other conditions that could interfere with its safe use.

B. Neuromuscular stimulators used on denervated muscle. [38 CFR 17.272 (a)(14)]

C. Neuromuscular stimulators used as part of an exercise program of healthy individuals (i.e., athletes). [38 CFR 17.272(a)(4)]

D. The treatment of scoliosis with implanted electrical muscle stimulation.

E. Neuromuscular stimulators in conjunction with a reciprocating gait orthosis (RGO).

END OF POLICY